

111TH CONGRESS  
1ST SESSION

# S. 459

To improve and enhance substance use disorder programs for members of the Armed Forces, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 24, 2009

Mrs. McCASKILL (for herself and Mr. CORKER) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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## A BILL

To improve and enhance substance use disorder programs for members of the Armed Forces, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Supporting Uniformed  
5       Personnel by Providing Oversight and Relevant Treatment  
6       for Substance Use Disorders Act” or the “SUPPORT for  
7       Substance Use Disorders Act”.

8       **SEC. 2. FINDINGS.**

9       Congress makes the following findings:

1           (1) The Armed Forces is comprised of more  
2           than 1,400,000 members in the regular components  
3           and more than 1,080,000 members in the Reserves.  
4           More than 1,800,000 members of the Armed Forces  
5           have been deployed in Operation Iraqi Freedom, Op-  
6           eration Enduring Freedom, and the Global War on  
7           Terrorism since 2001.

8           (2) Substance use disorders are chronic dis-  
9           eases that can be prevented, treated, and managed  
10          effectively. Failure to prevent or treat these condi-  
11          tions results in severe and widespread consequences,  
12          including increased risk of suicide, exacerbation of  
13          mental and physical health disorders, increased risk  
14          of domestic violence and family discord, and in-  
15          creased risk of unemployment and homelessness.

16          (3) According to the 2005 Department of De-  
17          fense Survey of Health Related Behaviors Among  
18          Active Duty Personnel, 24 percent of the members  
19          of the Armed Forces surveyed reported symptoms of  
20          alcohol dependence and nearly 11 percent of the  
21          members surveyed reported use of an illicit drug.  
22          Misuse of controlled prescription drugs, particularly  
23          narcotic painkillers, is a significant and growing  
24          problem among members of the Armed Forces as  
25          well.

1           (4) Substance abuse disorders often co-occur  
2           with other health problems. According to the 2007  
3           Report of the Department of Defense Task Force on  
4           Mental Health, 17 percent of soldiers from brigade  
5           combat teams are at risk of developing clinically sig-  
6           nificant symptoms of post-traumatic stress disorder  
7           (PTSD), major depression, or anxiety after deploy-  
8           ment, and an even higher percentage of such sol-  
9           diers, 28 percent, would experience symptoms based  
10          upon broader screening criteria. The prevalence of  
11          post-traumatic stress disorder within a year of com-  
12          bat deployment was estimated to range from 10 to  
13          25 percent.

14          (5) According to the 2007 Report of the De-  
15          partment of Defense Task Force on Mental Health,  
16          symptoms of disorders such as post-traumatic stress  
17          disorder often include complex disinhibitory behav-  
18          iors such as self-medicating with alcohol, other medi-  
19          cations, or illicit drugs in an attempt to return to  
20          “normalcy”.

21          (6) According to the 2007 Report of the De-  
22          partment of Defense Task Force on Mental Health,  
23          of the 686,306 veterans separated from active duty  
24          between 2002 and December 2006 who were eligible  
25          for care from the Department of Veterans Affairs,

1       229,015 (or 33 percent) accessed care at a Depart-  
2       ment facility. Of those veterans who accessed such  
3       care since 2002, 83,889 (or 37 percent) were diag-  
4       nosed with or were evaluated for a mental disorder,  
5       including post-traumatic stress disorder (39,243 or  
6       17 percent), nondependent abuse of drugs (33,099  
7       or 14 percent), and depressive disorder (27,023 or  
8       12 percent).

9           (7) According to the 2007 Report of the De-  
10       partment of Defense Task Force on Mental Health,  
11       20 percent of married soldiers planned to separate  
12       or divorce.

13           (8) According to the 2007 Report of the De-  
14       partment of Defense Task Force on Mental Health,  
15       relationship problems are the top risk factor for sui-  
16       cide. Mental disorders, alcohol and substance use  
17       disorders, and significant stress are other significant  
18       risk factors for suicide. The National Violent Death  
19       Reporting System of the Centers for Disease Control  
20       and Prevention determined that, of a group of  
21       former or current military personnel who died by  
22       suicide in 2005, 17.2 percent had an alcohol problem  
23       and 7.7 percent had a problem with other sub-  
24       stances. The suicide prevention action network  
25       (SPAN) reports a 20 percent increase in suicide

1 among members of the Armed Forces on active duty,  
2 89 suicides in 2007 with 32 deaths under investiga-  
3 tion, and a rise of attempted suicides by soldiers by  
4 6 times higher than it was at the start of Operation  
5 Iraqi Freedom.

6 (9) While some commands and facilities in the  
7 Armed Forces provide outstanding services for mem-  
8 bers of the Armed Forces for substance use dis-  
9 orders, the prevention, diagnosis, mitigation, treat-  
10 ment, and management of, and research on, sub-  
11 stance use disorders in members of the Armed  
12 Forces is inconsistent in availability, structure, and  
13 success among the various Armed Forces.

14 **SEC. 3. COMPREHENSIVE PLAN ON PREVENTION, DIAG-**  
15 **NOSIS, MITIGATION, TREATMENT, AND MAN-**  
16 **AGEMENT OF SUBSTANCE USE DISORDERS IN**  
17 **MEMBERS OF THE ARMED FORCES.**

18 (a) REVIEW AND ASSESSMENT OF CURRENT CAPA-  
19 BILITIES.—

20 (1) IN GENERAL.—Not later than 180 days  
21 after the date of the enactment of this Act, the Sec-  
22 retary of Defense shall, in consultation with the Sec-  
23 retaries of the military departments and the Sec-  
24 retary of Veterans Affairs, conduct a comprehensive  
25 review of the programs and activities of the Depart-

1       ment of Defense for the prevention, diagnosis, miti-  
2       gation, treatment, and management of, and research  
3       on, substance use disorders in members of the  
4       Armed Forces.

5           (2) ELEMENTS.—The review conducted under  
6       paragraph (1) shall include, but not be limited to, an  
7       assessment of each of the following:

8           (A) The current state and effectiveness of  
9       the programs of the Department of Defense  
10      and the military departments relating to the  
11      prevention, diagnosis, mitigation, treatment,  
12      and management of, and research on, substance  
13      use disorders in members of the Armed Forces.

14          (B) The adequacy of the availability of and  
15      access to care for substance use disorders in  
16      military medical treatment facilities and under  
17      the TRICARE program.

18          (C) The adequacy of oversight by the De-  
19      partment of programs relating to the preven-  
20      tion, diagnosis, mitigation, treatment, and man-  
21      agement of substance use disorders in members  
22      of the Armed Forces.

23          (D) The adequacy and appropriateness of  
24      current credentials and other requirements for  
25      healthcare professionals treating members of

1 the Armed Forces with substance use disorders,  
2 including an assessment of the advisability of  
3 adopting uniform credentials and requirements  
4 for such treatment for healthcare professionals  
5 who are members of organizations such as the  
6 Association for Addiction Professionals  
7 (NAADAC), the American Society of Addiction  
8 Medicine (ASAM), the American Psychiatric  
9 Association (APA), and the National Board for  
10 Certified Counselors (NBCC).

11 (E) The advisable ratio of physician and  
12 non-physician care providers for substance use  
13 disorders to members of the Armed Forces with  
14 such disorders.

15 (F) The adequacy and appropriateness of  
16 protocols for the diagnosis, treatment, and  
17 management of substance use disorders in  
18 members of the Armed Forces.

19 (G) The adequacy of the availability of and  
20 access to care for substance use disorders for  
21 members of the reserve components of the  
22 Armed Forces when compared with the avail-  
23 ability of and access to care for substance use  
24 disorders for members of the regular compo-  
25 nents of the Armed Forces, including an identi-

1           fication of any obstacles that are unique to the  
2           prevention, diagnosis, mitigation, treatment,  
3           and management of substance use disorders in  
4           members of the reserve components of the  
5           Armed Forces.

6           (H) The adequacy of the prevention, diag-  
7           nosis, mitigation, treatment, and management  
8           of substance use disorders and related distress  
9           in dependent family members of members of the  
10          Armed Forces, whether such family members  
11          suffer from their own substance use disorder or  
12          because of the substance use disorder of a  
13          member of the Armed Forces.

14          (I) Any gaps in the current capabilities of  
15          the Department of Defense for the prevention,  
16          diagnosis, mitigation, treatment, and manage-  
17          ment of, and research on, substance use dis-  
18          orders in members of the Armed Forces.

19          (3) REPORT.—Not later than 180 days after  
20          the date of the enactment of this Act, the Secretary  
21          of Defense shall submit to the congressional defense  
22          committees a report setting forth the findings and  
23          recommendations of the Secretary as a result of the  
24          review conducted under paragraph (1). The report  
25          shall—



1 (A) set forth the findings and rec-  
2 ommendations of the Secretary regarding each  
3 element of the review set forth in paragraph  
4 (2);

5 (B) set forth relevant statistics on the fre-  
6 quency of substance use disorders in members  
7 of the regular components of the Armed Forces,  
8 members of the reserve component of the  
9 Armed Forces, and dependents of such mem-  
10 bers (including spouses and children); and

11 (C) include such other findings and rec-  
12 ommendations on improvements to the current  
13 capabilities of the Department of Defense for  
14 the prevention, diagnosis, mitigation, treatment,  
15 and management of, and research on, substance  
16 use disorders in members of the Armed Forces  
17 as the Secretary considers appropriate.

18 (b) PLAN FOR IMPROVEMENT AND ENHANCEMENT  
19 OF PROGRAMS.—

20 (1) PLAN REQUIRED.—Not later than 180 days  
21 after the date of the enactment of this Act, the Sec-  
22 retary of Defense shall, in consultation with the Sec-  
23 retaries of the military departments and the Sec-  
24 retary of the Department of Veterans Affairs, sub-  
25 mit to the congressional defense committees a com-

1       prehensive plan for the improvement and enhance-  
2       ment of the programs and activities of the Depart-  
3       ment of Defense for the prevention, diagnosis, miti-  
4       gation, treatment, and management of, and research  
5       on, substance use disorders in members of the  
6       Armed Forces and their dependent family members.

7           (2) BASIS.—The comprehensive plan required  
8       by paragraph (1) shall take into account the fol-  
9       lowing:

10           (A) The results of the review and assess-  
11       ment conducted under subsection (a).

12           (B) Any preliminary results of the study  
13       required by section 4.

14           (C) Similar initiatives of the Secretary of  
15       Veterans Affairs to expand and improve care  
16       for substance use disorders among veterans, in-  
17       cluding the programs and activities conducted  
18       under title I of the Veterans' Mental Health  
19       and Other Care Improvements Act of 2008  
20       (Public Law 110–387; 112 Stat. 4112).

21           (3) COMPREHENSIVE STATEMENT OF POLICY.—  
22       The comprehensive plan required by paragraph (1)  
23       shall include a comprehensive statement of the policy  
24       of the Department of Defense regarding the preven-  
25       tion, diagnosis, mitigation, treatment, and manage-

1       ment of, and research on, substance use disorders in  
2       members of the Armed Forces and their dependent  
3       family members.

4           (4) AVAILABILITY OF SERVICES AND TREAT-  
5       MENT.—The comprehensive plan required by para-  
6       graph (1) shall include mechanisms to ensure the  
7       availability to members of the Armed Forces and  
8       their dependent family members of services and  
9       treatment for substance use disorders, including, but  
10      not limited to, services and treatment as follows:

11           (A) Screening for substance use disorder in  
12           all settings, including primary care settings.

13           (B) Short-term motivational counseling  
14           services.

15           (C) Marital and family counseling.

16           (D) Inpatient, intensive outpatient, or  
17           other residential care services.

18           (E) Private medical, psychiatric, and pro-  
19           fessional counseling services.

20           (F) Relapse prevention services.

21           (G) Ongoing aftercare and outpatient  
22           counseling services.

23           (H) Pharmacological treatments aimed at  
24           treating substance use disorders, including  
25           treating cravings for drugs and alcohol.

1 (I) Detoxification and stabilization serv-  
 2 ices.

3 (J) Coordination with groups providing  
 4 peer-to-peer counseling.

5 (K) Such other services as the Secretary  
 6 considers appropriate.

7 (5) PREVENTION AND REDUCTION OF DIS-  
 8 ORDERS.—The comprehensive plan required by para-  
 9 graph (1) shall include mechanisms to facilitate the  
 10 prevention and reduction of substance use disorders  
 11 in members of the Armed Forces through science-  
 12 based initiatives, including education programs, for  
 13 members of the Armed Forces and their families.

14 (6) SPECIFIC INSTRUCTIONS.—The comprehen-  
 15 sive plan required by paragraph (1) shall include  
 16 each of the following

17 (A) SUBSTANCES OF ABUSE.—Instructions  
 18 on the prevention, diagnosis, mitigation, treat-  
 19 ment, and management of substance use dis-  
 20 orders in members of the Armed Forces, includ-  
 21 ing the abuse of alcohol, illicit drugs, and non-  
 22 medical use and abuse of prescription drugs (in-  
 23 cluding addiction to prescription drugs that is  
 24 an unintended consequence of otherwise re-

1           quired and medically appropriate pain treat-  
2           ment).

3                   (B) HEALTHCARE PROFESSIONALS.—In-  
4           structions on—

5                   (i) appropriate training of healthcare  
6           professionals in the prevention, screening,  
7           diagnosis, mitigation, treatment, and man-  
8           agement of substance use disorders in  
9           members of the Armed Forces;

10                   (ii) appropriate staffing levels for  
11           healthcare professionals at military medical  
12           treatment facilities for the prevention,  
13           screening, diagnosis, mitigation, treatment,  
14           and management of substance use dis-  
15           orders in members of the Armed Forces;  
16           and

17                   (iii) such uniform training and  
18           credentialing requirements for physician  
19           and non-physician healthcare professionals  
20           in the prevention, screening, diagnosis,  
21           mitigation, treatment, and management of  
22           substance use disorders in members of the  
23           Armed Forces as the Secretary considers  
24           appropriate.

1 (C) SERVICES FOR DEPENDENTS.—In-  
 2 structions on the availability of services for sub-  
 3 stance use disorders to military dependents (in-  
 4 cluding services for dependents suffering from  
 5 their own substance use disorder and depend-  
 6 ents suffering because of the substance use dis-  
 7 order of a member of the Armed Forces), in-  
 8 cluding instructions on making such services  
 9 available to such dependents to the maximum  
 10 extent practicable.

11 (D) PREVENTION MATERIALS.—Instruc-  
 12 tions on the dissemination of materials regard-  
 13 ing substance abuse prevention, including, at a  
 14 minimum, materials on the following:

- 15 (i) The dangers of alcohol abuse.
- 16 (ii) The risks of self-medication, and  
 17 the potential co-occurrence of drug use or  
 18 abuse with illnesses such as Post Trau-  
 19 matic Stress Disorder (PTSD).
- 20 (iii) The risks associated with abuse  
 21 of prescription medications and the signs  
 22 of inadvertent addiction to prescription  
 23 medications that may occur as a con-  
 24 sequence of otherwise prescribed treatment  
 25 plans, as well as the need to properly se-

1           cure and dispose of such substances to  
 2           safeguard such substances from third par-  
 3           ties such as children.

4           (iv) The risks of substance abuse  
 5           faced by military dependents due to the  
 6           stresses of having a spouse or parent de-  
 7           ployed, as well as other factors relating to  
 8           substance abuse that are unique to mili-  
 9           tary families.

10          (v) Strategies for prevention of drug  
 11          and alcohol abuse among children of mili-  
 12          tary families, and suggestions for military  
 13          parents on how to intervene and find help  
 14          for a child with a substance use disorder.

15          (E) DIFFERENTIATION OF DISCIPLINARY  
 16          ACTION AND TREATMENT.—Instructions on the  
 17          separation of disciplinary actions from preven-  
 18          tion and treatment of substance use disorders  
 19          in members of the Armed Forces.

20          (F) CONFIDENTIALITY.—Instructions on  
 21          confidentiality for members of the Armed  
 22          Forces in seeking or receiving services or treat-  
 23          ment for substance use disorders.

24          (G) PARTICIPATION OF CHAIN OF COM-  
 25          MAND.—Instructions on appropriate consulta-

tion, reference to, and involvement of the chain of command of members of the Armed Forces in matters relating to the diagnosis, treatment, and management substance use disorders in such members.

(H) CONSIDERATION OF GENDER.—Instructions on gender specific requirements in the prevention, diagnosis, mitigation, treatment, and management of substance use disorders in members of the Armed Forces, including gender specific care and treatment requirements.

(I) COORDINATION WITH OTHER HEALTHCARE INITIATIVES.—Instructions on the integration of efforts on the prevention, diagnosis, mitigation, treatment, and management of substance use disorders in members of the Armed Forces with efforts to address co-occurring health care disorders (such as post-traumatic stress disorder (PTSD) and depression) and suicide prevention.

(7) OTHER ELEMENTS.—In addition to the matters specified in paragraph (3), the comprehensive plan required by paragraph (1) shall include the following:



1 (A) LEAD AGENT.—The designation by the  
2 Assistant Secretary of Defense for Health Af-  
3 fairs of a lead agent to coordinate implementa-  
4 tion of the plan.

5 (B) MILESTONES AND SCHEDULES.—Mile-  
6 stones and schedules for the achievement of the  
7 goals of the plan, including goals relating to the  
8 following:

9 (i) Enhanced education of members of  
10 the Armed Forces regarding substance use  
11 disorders.

12 (ii) Enhanced and improved identi-  
13 fication and diagnosis of substance use dis-  
14 orders in members of the Armed Forces.

15 (iii) Enhanced and improved access of  
16 members of the Armed Forces to services  
17 and treatment for and management of sub-  
18 stance use disorders.

19 (iv) Appropriate staffing of military  
20 medical treatment facilities and other fa-  
21 cilities for the treatment of substance use  
22 disorders in members of the Armed Forces.

23 (C) BEST PRACTICES.—The incorporation  
24 of evidence-based best practices utilized in cur-  
25 rent military and civilian approaches to the pre-

vention, diagnosis, mitigation, treatment, and management of substance use disorders.

(D) AVAILABLE RESEARCH.—The incorporation of applicable results of available studies, research, and academic reviews on the prevention, diagnosis, mitigation, treatment, and management of substance use disorders.

(8) UPDATE IN LIGHT OF INDEPENDENT STUDY.—Upon the completion of the study required by section 4, the Secretary of Defense shall—

(A) in consultation with the Secretaries of the military departments and the Secretary of the Department of Veterans Affairs, make such modifications and improvements to the comprehensive plan required by paragraph (1) as the Secretary of Defense considers appropriate in light of the findings and recommendations of the study; and

(B) submit to the congressional defense committees a report setting forth the comprehensive plan as modified and improved under subparagraph (A).

1 **SEC. 4. INDEPENDENT REPORT ON SUBSTANCE USE DIS-**  
2 **ORDERS IN MEMBERS OF THE ARMED**  
3 **FORCES.**

4 (a) **STUDY REQUIRED.**—The Secretary of Defense  
5 shall provide for a study on substance use disorders in  
6 members of the Armed Forces to be conducted by the In-  
7 stitute of Medicine of the National Academies of Sciences  
8 or such other independent entity as the Secretary shall  
9 select for purposes of the study.

10 (b) **ELEMENTS.**—The study required by subsection  
11 (a) shall include a review and assessment of the following:

12 (1) The current state and effectiveness of the  
13 programs of the Department of Defense and the  
14 military departments relating to the prevention, di-  
15 agnosis, mitigation, treatment, and management of,  
16 and research on, substance use disorders in members  
17 of the Armed Forces.

18 (2) The adequacy of the availability of and ac-  
19 cess to care for substance use disorders in military  
20 medical treatment facilities and under the  
21 TRICARE program.

22 (3) The adequacy of the oversight by the De-  
23 partment of Defense of programs related to the pre-  
24 vention, diagnosis, mitigation, treatment, and man-  
25 agement of substance use disorders in members of  
26 the Armed Forces.

1           (4) The adequacy and appropriateness of cur-  
2           rent credentials and other requirements for physi-  
3           cian and non-physician healthcare professionals  
4           treating members of the Armed Forces with sub-  
5           stance use disorders.

6           (5) The advisable ratio of physician and non-  
7           physician care providers for substance use disorders  
8           to members of the Armed Forces with such dis-  
9           orders.

10          (6) The adequacy and appropriateness of proto-  
11          cols for the diagnosis, treatment, and management  
12          of substance use disorders in members of the Armed  
13          Forces.

14          (7) The adequacy of the availability of and ac-  
15          cess to care for substance use disorders for members  
16          of the reserve components of the Armed Forces  
17          when compared with the availability of and access to  
18          care for substance use disorders for members of the  
19          regular components of the Armed Forces.

20          (8) The adequacy of the prevention, diagnosis,  
21          mitigation, treatment, and management of substance  
22          use disorders in dependent family members of mem-  
23          bers of the Armed Forces, whether such family  
24          members suffer from their own substance use dis-

1       order or because of the substance use disorder of a  
2       member of the Armed Forces.

3           (9) The need for and appropriate provision of  
4       confidentiality for members of the Armed Forces  
5       who seek services or treatment for a substance use  
6       disorder.

7           (10) Such other matters as the Secretary con-  
8       siders appropriate for purposes of the study.

9       (c) REPORT.—Not later than one year after the date  
10     of the enactment of this Act, the entity conducting the  
11     study required by subsection (a) shall submit to the Sec-  
12     retary of Defense and the congressional defense commit-  
13     tees a report on the results of the study. The report shall  
14     set forth the findings and recommendations of the entity  
15     as a result of the study.

16     **SEC. 5. CENTER OF EXCELLENCE IN THE PREVENTION, DI-**  
17                   **AGNOSIS, MITIGATION, TREATMENT, AND**  
18                   **MANAGEMENT OF SUBSTANCE USE DIS-**  
19                   **ORDERS.**

20       (a) IN GENERAL.—The Secretary of Defense shall es-  
21     tablish within the Department of Defense a Center of Ex-  
22     cellence in the Prevention, Diagnosis, Mitigation, Treat-  
23     ment, and Management of Substance Use Disorders.

24       (b) PARTNERSHIPS.—The Secretary of Defense shall  
25     ensure that the Center collaborates to the maximum ex-

1 tent practicable with the Department of Veterans Affairs,  
2 institutions of higher education, and other appropriate  
3 public and private entities (including international enti-  
4 ties) to carry out the responsibilities specified in sub-  
5 section (c).

6 (c) RESPONSIBILITIES.—The Center shall have re-  
7 sponsibilities as follows:

8 (1) To implement the comprehensive plan of the  
9 Department of Defense for the prevention, diagnosis,  
10 mitigation, treatment, and management of substance  
11 use disorders under section 3, including the perform-  
12 ance of research on gender and ethnic group-specific  
13 health needs related to substance use disorders.

14 (2) To provide for the development, testing, and  
15 dissemination within the Department of evidence-  
16 based best practices for the prevention, diagnosis,  
17 mitigation, treatment, and management of substance  
18 use disorders.

19 (3) To provide guidance for healthcare profes-  
20 sionals and support service staff of the health sys-  
21 tem of the Department in providing quality health  
22 care for members of the Armed Forces with sub-  
23 stance use disorders, and their dependents, when  
24 possible, who are suffering from the effects of sub-  
25 stance use disorders.

1           (4) To provide guidance for healthcare profes-  
2           sionals and support service staff to make members  
3           of the Armed Forces receiving prescription pain  
4           medications aware of the potential for abuse of or  
5           addiction to such substances, and to provide such  
6           members education on ways of properly securing  
7           such substances and disposing of such substances  
8           when no longer needed.

9           (5) To recommend uniform credentials and  
10          other requirements for healthcare professionals and  
11          support service staff who provide care and support  
12          for members of the Armed Forces and their depend-  
13          ents who suffer from substance use disorders.

14          (6) To establish, implement, and oversee a uni-  
15          form and comprehensive program to train physician  
16          and non-physician healthcare professionals and sup-  
17          port staff in the Department in the screening, inter-  
18          vention, treatment, and management of substance  
19          use disorders.

20          (7) To coordinate research, data collection, and  
21          data dissemination on the prevention, diagnosis,  
22          mitigation, treatment, and management of substance  
23          use disorders, and to maintain a database of infor-  
24          mation for that purpose.

1           (8) To facilitate advancements in the study of  
2           the short-term and long-term physical and psycho-  
3           logical effects of substance use disorders.

4           (9) To disseminate evidence-based best prac-  
5           tices within the military medical treatment facilities  
6           for training healthcare professionals and support  
7           staff with respect to substance use disorders.

8           (10) To conduct basic science and translational  
9           research on substance use disorders in members of  
10          the Armed Forces for the purposes of understanding  
11          the etiology of substance use disorders and devel-  
12          oping preventive interventions and new treatments.

13          (11) To develop programs and outreach strate-  
14          gies for families of members of the Armed Forces  
15          with substance use disorders to address and to miti-  
16          gate the impact of substance use disorders on such  
17          family members and to support the recovery of such  
18          members from substance use disorders.

19          (12) To conduct research on the health needs of  
20          families of members of the Armed Forces with sub-  
21          stance use disorders and develop protocols to ad-  
22          dress any needs identified through such research.

23          (13) To disseminate information to families of  
24          members of the Armed Forces regarding ways to  
25          help prevent alcohol and drug abuse among their



1 children, as well as educational materials to address  
2 how situations unique to military families, such as  
3 having a parent deployed, can increase stress levels  
4 and put a child at increased risk of abusing drugs  
5 or alcohol.

6 (14) To develop and oversee a long-term plan to  
7 increase the number of healthcare professionals and  
8 support personnel within the Department in order to  
9 facilitate the meeting by the Department of the  
10 needs of members of the Armed Forces with sub-  
11 stance use disorders while they remain on active  
12 duty and until their transition to care and treatment  
13 from the Department of Veterans Affairs.

14 (15) To develop and deploy an education and  
15 awareness training initiative designed to reduce the  
16 negative stigma associated with substance use dis-  
17 orders and treatment.

18 (16) Such other responsibilities as the Secretary  
19 shall specify.

20 **SEC. 6. CONGRESSIONAL DEFENSE COMMITTEES DEFINED.**

21 In this Act, the term “congressional defense commit-  
22 tees” means—

23 (1) the Committee on Armed Services and the  
24 Committee on Appropriations of the Senate; and

1           (2) the Committee on Armed Services and the  
2       Committee on Appropriations of the House of Rep-  
3       resentatives.

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